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ABSTRACT

This manual is designed to assist Colorado personnel in developing and providing adapted physical education, occupational therapy, and physical therapy to Colorado public school students who have needs in the motor area. Guidelines are presented that have been developed to focus on the problems encountered by students with needs in the physical domain. Sections of the manual address: (1) the rational for providing adapted physical education, occupational therapy, and/or physical therapy; (2) educational settings; (3) definitions and qualifications for adapted physical education, physical therapy, occupational therapy, paraprofessionals and certified occupational therapy assistants, and physical therapy assistants and special education assistants; (4) conceptual roles; (5) referral to special education; (6) assessment; (7) development of the Individualized Education Program (IEP); (8) least restrictive environment; (9) IEP meetings; (10) delivery systems; (11) documentation; (12) caseload determination; and (13) functional components of assessment. The last section outlines procedures for neuromotor/developmental assessment of different skills, including the implications, skill necessary to assess this area of function, and evaluator qualifications. The manual closes with answers to common questions about occupational therapy, physical therapy, and adapted physical education. (CR)

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THE ROLE OF

ADAPTED PHYSICAL EDUCATION,

OCCUPATIONAL THERAPY, AND

PHYSICAL THERAPY IN

MEETING THE MOTOR NEEDS

OF

STUDENTS WITH

HANDICAPPING CONDITIONS IN

EDUCATIONAL SETTINGS

PROCEDURES MANUAL
(Revised 1997)

Bolt

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ADAPTED PHYSICAL EDUCATION, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY IN THE PUBLIC SCHOOL

PROCEDURES AND RECOMMENDED GUIDELINES

(Revised 1997)

This manual was prepared by a committee of adapted physical educators, occupational therapists, physical therapists and administrators.

Project Director: Dr. Myron Swize

Office of Federal Relations and Instructional Services
Dr. Brian McNulty, Assistant Commissioner

Colorado Department of Education
Dr. Richard Laughlin, Acting Commissioner of Education
Denver, Colorado 1997

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DEDICATION

This manual is dedicated to the memory of Dr. Jeanne Hughes whose work as a physical therapist was instrumental in promoting the use of adapted physical education, occupational therapy and physical therapy in meeting the motor needs of children. The children of Colorado are forever indebted to her leadership.

COLORADO DEPARTMENT OF EDUCATION
THE ROLE OF MOTOR SERVICES IN MEETING THE NEEDS OF STUDENTS WITH EDUCATIONAL DISABILITIES
1997

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PREFACE

This document was initially completed in 1989 by a committee of adapted physical educators, occupational therapists, physical therapists and administrators in response to a request from statewide special education administrators on how to provide motor services to students who have needs in the motor area. This document does not intend to define the potential roles of adapted physical educators, occupational therapists, and physical therapists, rather it is intended to serve as a guideline on motor service provision. Adapted physical educators, occupational and physical therapists should refer to their own professional organizations for guidelines on other areas of functioning.

These guidelines are intended for use in the educational environment, taking into consideration the unique situations that school systems present to the student and to the professional.

These guidelines were revised in May, 1997, by another committee of adapted physical educators, occupational therapists, and physical therapists in response to a request to revise the guidelines. The document has been updated to reflect the current status of motor services in the educational environments in Colorado.

INTRODUCTION

Students with disabilities in every school district have special challenges. Some of the students with disabilities may have a variety of needs in one or more of the the following areas: communication, cognition, social/emotional responses, and physical functioning. Impairments in any of these areas may impede the child from attaining the goals established by the public school's regular curriculum. For this reason, state and federal regulations mandate the provision of appropriate educational services (instructional and related) to all handicapped students attending public schools.

Student needs that result from an impairment in any of the functioning areas must be met, if such impairment impedes or hinders the student from receiving an appropriate education. It is the responsibility of the staffing team to determine if a student's needs are educational, if the impairments impede the student's attainment of an appropriate education and if the public school is the responsible agency. The staffing team may include special educators, regular educators, parents, administrators, diagnostic personnel, physical, therapists, occupational therapists, speech therapists, adapted physical educators, the child (if appropriate), and other individuals.

Colorado has adopted a "needs based" model for the provision of services. As indicated above, educational needs of students with disabilities are a result of an impairment or impairments in any or all of the following areas: communicative, cognitive, social-emotional responses, and physical functioning. In itself, physical functioning is divided into the following areas: health and movement (motor), and sensory motor components. This document concerns itself with those needs that are a result of impairments in the movement (motor) area, sensory feedback, and the sensorimotor area of physical functioning.

Motor is that aspect of physical functioning, excluding visual acuity and hearing, which requires muscular control to perform activities. This includes the concepts of sensorimotor, sensory feedback, stability, mobility, and the integration of these components into functional activities.

The decision making process becomes especially difficult regarding "motor" needs. What "motor" services should be provided? Who should provide the "motor" services? What is an adequate and appropriate service? How must a school provide the motor services? May this be done through a teacher or an aide? At what point does the school's obligation cease and the parent's begin? What are the differences between different disciplines: occupational therapy, physical therapy, and adapted physical education?

The purpose of this document is to assist local personnel in the decision making process for students with motor needs. It was developed in response to requests from local directors of special education who felt that there was a need for clearer direction.

The core of this document will revolve around the assessment and staffing process since schools are mandated to assess and staff all students suspected of having an educational disability. The better the process, the more realistic the judgment of the staffing team. The better the judgment of the staffing team, the better the individualized program for the child.

RATIONALE FOR PROVIDING ADAPTED PHYSICAL EDUCATION, OCCUPATIONAL THERAPY AND/OR PHYSICAL THERAPY

Adapted physical educators, occupational therapists, and physical therapists play an important role in the educational process of students. For those students whose needs are in the physical domain often the adapted physical educator, occupational therapist and/or physical therapist provide the instruction that will enable a child to function better within his/her capabilities across the different environments (school, home, and the community). Furthermore, physical education, occupational therapy, and physical therapy are services required by The Individual's with Disabilities Act (IDEA) for students with disabilities and who otherwise would not benefit from their educational program.

In Colorado, adapted physical educators, occupational therapists, and/or physical therapists working within educational environments differentiate themselves from their peers in hospitals or private settings. This is accomplished by assessing and promoting the student's ability to function motorically at school, at home, in the community and at work since this is the projected outcome of the educational system.

These guidelines have been developed to focus on the problems encountered by students with needs in the physical domain, adaptations or adaptive equipment, perceptual motor, visual motor, or in the development of compensatory skills within their different environments. There are a variety of viewpoints as to when/how a student should be served to meet his/her physical needs in an educational setting. These opinions may stem from the student's therapists in outside agencies and/or from other health professionals, previous programs, parents and other professionals. The decision to provide adapted physical education and educationally related services (occupational and/or physical therapy) must be made by the IEP team through the IEP process.

ADAPTED PHYSICAL EDUCATORS, OCCUPATIONAL AND PHYSICAL THERAPISTS AS MOTOR SERVICE PROVIDERS IN EDUCATIONAL SETTINGS

It should be clearly understood that adapted physical educators, occupational therapists, and physical therapists are individually unique. Each profession has its own professional preparation following different curricula and differing state and national registration requirements, as well as certification within its own ranks. Each has specific areas of expertise to offer a student.

Since the person who is to provide the services is not determined until the end of the staffing process, school administrators should have an understanding of each profession to assist in the assessment and staffing process.

ADAPTED PHYSICAL EDUCATOR

Definition:
The adapted physical educator is an educationally trained professional who can assess individual students and develop, adapt, and implement specialized education programs to meet their needs. These programs may include:

- developmental activities
- physical fitness and endurance
- games and sports
- rhythms and dance
- leisure and lifetime activities

Qualifications:

•The Adapted Physical Education teacher applies for licensure as a Physical Education Teacher, K-12. A background in Adapted Physical Education or Special Education is highly recommended.

•A National Consortium for Physical Education and Recreation for Individuals with Disabilities held in 1995 addressed 15 standards to be used in determining qualifications of Adapted Physical Educators. National certification for Adapted Physical Education has been available since spring, 1997. (*SeeBibliography for information*) The standards are in thefollowing areas:

- human development
- motor behavior
- exercise science
- measurement and evaluation
- history and philosophy
- unique attributes of learners
- curriculum theory and development
- assessment
- instructional design and planning
- teaching
- consultation and staff development
- program evaluation
- continuing education
- ethics
- communication

OCCUPATIONAL THERAPIST (OT)

Definition:

The Occupational Therapist is a health professional who utilizes the application of purposeful, goal-directed activity in the assessment and treatment of persons with disabilities. In an educational setting, the occupational therapist can use motor activities to facilitate:

- use of upper extremities
- sensory motor integration
- fine, visual and oral motor control
- gross motor activities
- activities of daily living such as eating, dressing, and personal hygiene
- motor aspects of pre-vocational skills

Qualifications:

•The occupational therapist must be nationally certified by the American Occupational Therapy Certification Board. Current experience in pediatrics is preferred.

•The occupational therapist must have a Support Services License from the Colorado Department of Education or be eligible for a three year Provisional Certificate.

•It is beneficial for the occupational therapist to have experience with disabled children and to have experience and training in providing interventions in an educational environment.

•It is beneficial for the occupational therapist to receive current information of the physician's physical findings. The ideal situation would be the educational staff, family, and physician working together as a team.

•If the school district is using Medicaid reimbursement, then the Medicaid policies and procedures must be followed, this may include requesting a physician's prescription for therapy and ongoing recertifications. This may require prior approval.

PHYSICAL THERAPIST (PT)

Definition:

The Physical Therapist is a health professional concerned with providing assessment and habilitative or rehabilitative services. In the educational setting, the physical therapist works with students to:

- prevent or minimize disability or deformity
- promote independent functioning in activities of daily living such as wheelchair transfers and movement transitions--establish and maintain performance within the individual's physical (motor) capability
- develop and/or improve overall gross motor function and control
- develop/improve walking, when appropriate

(Included is adaptation of the environment and/or instruction in the use of adaptive equipment to promote improved function in the educational setting.)

Qualifications:

•The physical therapist must have a current Colorado State License in Physical Therapy, with current experience in pediatrics preferred.

•The physical therapist must have a Support Service License from the Colorado Department of Education or be eligible for a three year Provisional I Certificate.

•It is beneficial for the physical therapist to have experience with disabled children and to have experience and training in providing interventions in an educational environment.

•The current (1988) Physical Therapy Practice Law provides the public with direct access to physical therapists. Physician referrals/prescriptions are no longer required to receive physical therapy. Physical therapists are responsible for referrals of individuals to physicians when the student's presenting problems require further medical expertise. If the school district is using Medicaid reimbursement, then the Medicaid policies and procedures must be followed, this may include requesting a physician's prescription for therapy and ongoing recertifications. This may require prior approval.

•It is beneficial for the physical therapist to receive current information of the physician's physical findings. The ideal situation would be the educational setting, family, and physician working together as a team.

PARAPROFESSIONALS / CERTIFIED ASSISTANTS

Paraprofessionals/Certified Assistants may be hired by school districts to assist adapted physical educators, occupational therapists, and/or physical therapists. When training or consulting with these paraprofessionals the districts should follow the guidelines set up by the licensure or certification agencies and the recommendations from the professional organizations.

It is expected that each school district will provide adequate training and supervision to these individuals.

CERTIFIED OCCUPATIONAL THERAPY ASSISTANT: COTA

•A COTA is a health professional who has graduated from an American Occupational Therapy Association accredited Associate Degree Curriculum or an American Occupational Therapy Association approved Technical Curriculum and has successfully completed supervised field work.

•The COTA has successfully completed the American Occupational Therapy Association national certification examination.

•The COTA maintains current registration and is supervised by a qualified Registered Occupational Therapist.

•It is the responsibility of the supervising occupational therapist to ensure, according to existing role delineation, that these standards are enforced. The COTA may not assume the responsibility for assessment, instruction, or program development.

PHYSICAL THERAPY ASSISTANT: PTA

•A Physical Therapist Assistant is a health professional who has graduated from an educational program for the Physical Therapist Assistant accredited by the American Physical Therapy Association.

•Is licensed to practice in the State of Colorado in accordance with licensure requirements and is supervised by a licensed Physical Therapist.

•It is the responsibility of the supervising physical therapist to ensure, according to existing role delineation, that these standards are enforced. The PTA may not assume the primary responsiblity for instruction or therapy.

SPECIAL EDUCATION PARAPROFESSIONALS

A Special Education Paraprofessional is one who is assigned to assist and support the teacher or therapist. These individuals do not have the training of a certified COTA or PTA. These individuals do not assume the primary responsiblity for instruction or therapy.

This definition also applies to those paraprofessionals who may hold degrees and certificates but are employed to function as paraprofessionals. It is expected that each school district will provide adequate training and supervision to these individuals.

Conceptual Roles of Adapted Physical Educators, Occupational Therapists, and/or Physical Therapists Within Educational Environments

Special Educators and Related Service Providers are required to assume a variety of responsibilities and roles to insure that the student with physical or functional needs receives benefit from the expertise provided by these professionals. These roles and responsibilities include but are not limited to the following:

- Decision Making
  - Assessing the individual student within a team approach to determine the present level of functioning
  - Participating within the multidisciplinary and/or transdisciplinary team decision making process
  - Participating in the planning of the IEP including the formation of long and short term goals and objectives
  - Designing programs for intervention to assist the student in achievement of the educational goals
  - Implementing program objectives
  - Monitoring changes in the student and revision of the program as needed

Conceptual Roles of Adapted Physical Educators, Occupational Therapists, and/or Physical Therapists Within Educational Environments
continued

Program Management

- Determining an area or areas within the instructional environments to provide the necessary interventions
- Recommending and obtaining the necessary equipment to provide the necessary intervention
- Scheduling
- Recommending intervention procedures designed to achieve the educational goals
- Documentation of changes in the student
- Evaluation of the program
- Discharge from motor service

A physical or occupational therapist may act as liaison between the medical and educational systems regarding the student's physical condition, the condition's effect on his/her learning and level of functioning, between privately based therapists and the educational system, to regular physical educators, and to the classroom educators.

Adapted physical educators may act as liaisons to the regular physical educators and classroom educators, as well as liaisons to physical therapists and occupational therapists.

Conceptual Roles of Adapted Physical Educators, Occupational Therapists, and/or Physical Therapists Within Educational Environments
continued

•Direct Support Services

- May provide individualized, functional motor assessment as part of a team approach

- May provide direct, 1:1 or small group instruction/intervention to the student in accordance with the student's needs and IEP

- May provide direct service to the student regarding adaptation of equipment and/or the environment in accordance with the student's needs

- May provide the student with an individualized home program designed to promote life-long maintenance of motor abilities

- May teach the student to appropriately seek assistance when needed

- May develop and monitor a maintenance program for the student and train others to implement such program

- May assist in the identification and evaluation of student's needs for adaptations, modifications, development of compensatory strategies as well as assistive, alternative, augmentative communication systems

Conceptual Roles of Adapted Physical Educators, Occupational Therapists, and/or Physical Therapists Within Educational Environments
continued

Support/Resource/Collaboration

- Assist members of the instructional team in gaining an awareness and understanding of the student's functional levels relative to his/her ability to function within the instructional environments

- May provide collaboration and assistance to parents regarding the student's disability and its effect on level of functioning at school, home, and in the community

- May assist in locating community resources when the therapy needed is not required to assist the student to benefit educationally

Education

- Provide inservice training for teachers, teacher paraprofessionals, administrators, and other educational staff as necessary to increase awareness and understanding, as well as develop intervention programs to be delivered by these service providers as appropriate

- May supervise university students in clinical rotations in their professional area (APE, OT and PT)

Instructional

- In some instances of early childhood intervention and/or classrooms serving the severe-profound needs, while functioning as part of a team, the occupational and physical therapists, and adapted physical educators may provide instructional services to the student

Variations in the Roles of Adapted Physical Educators,Occupational Therapists and Physical Therapists

These guidelines are not intended as a definition of the potential roles of adapted physical educators, occupational therapists and/or physical therapists outside of the educational environment. The professional should look to his/her individual professional organization for further clarification of these roles.

The general role for motor intervention specialists is the same: to assist the student to succeed within the educational setting by minimizing the effect of a disability. The motor specialists role is to organize, develop, and implement a program involving the use of selected, constructive activities:

- develop physical prerequisites for functional skill development and coordination (head control, trunk control, etc.
- attempt to improve impaired muscle strength
- attempt to limit the impact of muscle deteriorating diseases
- attempt to improve or maintain physical endurance impaired through physical injury or disease
- attempt to improve functional independence by recommending and teaching use of adapted equipment and/or teaching other methods of compensation
- attempt to educate staff, students, and families regarding each student's disability, motor needs, use of equipment, and so forth. The approach and chosen intervention strategies taken by the educationally based therapists/teachers may be different than those approaches chosen by clinical or hospital based therapists

Variations in the Roles of Adapted Physical Educators,Occupational Therapists and Physical Therapists - continued

The Adapted Physical Educator's role is to assist in the development of basic gross motor skills, coordination, and to assist in the development of recreation and leisure skills.

The Physical Therapist's role is to deal with overall body management, body mechanics, to enhance the development of the gross motor developmental skills, to improve balance and coordination, and to develop ambulation.

The physical therapist may also assist students in the recommendation for and the use of specialized adaptive or assistive equipment.

Physical therapists also assist students in developing safe methods of wheelchair transfers (with assistance or independently),assisting students with overcoming environmental barriers, and with developing an independent means of mobility (whenever possible) with or without the use of adaptive or assistive equipment and/or through the use of a manual or electric wheelchair.

The physical therapist also may be asked to assist the identified Special Education student who has had orthopedic surgery secondary to their physical disabiity with their transition back to school and their post-operative rehabilitation as it relates to their return to function in an educational setting. This may include consultation, monitoring and/or direct intervention.

The Occupational Therapist's role focuses more on fundamental fine motor skill development, adaptations to the environment, adapted equipment, upper extremity and hand rehabilitation, sensory integration for body awareness and skill development.

If the services of these professionals are not available to a school district, an effort should be made to consult with other professionals who would most likely provide the service in other settings, with the physician, and with the parent before making decisions with regard to providing a motor service.

Identification of Student Needs: Referral to Special Education

Students should not be referred to Special Education unless regular education services have been unsuccessful in meeting the child's needs, although parents may request a Special Education Assessment.

Once the student is referred to special education, parents must be informed of their Due Process Rights (procedural safeguards). This includes the right to be informed of why the student is being referred and the types of assessments that are to be conducted. Written parental permission for initial assessment is required. Once permission to test has been granted, the different assessment personnel are free to initiate the assessment process.

A motor specialist who is new to the educational environment or is new to a school district will be assigned a mentor and a supervisor. The motor specialist should meet with their mentor and supervisor regarding their specific roles within the specific educational environment prior to being involved in the referral and assessment process.

THE ASSESSMENT PROCESS

The Appendix has the individual components of the neuromotor/developmental a. and the functional assessment including a brief definition of each function, implications, skills necessary to assess the function, and who is qualified to assess the student for that function.

The purpose of the assessment process is to provide information to the IEP team:

- To determine the status and implications of a student's functional motor performance

- To help identify and prioritize the student's needs relative to his/her participation in education, home, and community living

- To help determine whether the student is educationally disabled

- To help determine appropriate educational goals and objectives for the student

- To help identify the Special Education and Related Services necessary to meet the student's identified needs

A comprehensive assessment in sufficient scope and intensity is necessary to insure that appropriate intervention is incorporated into the student's program.

THE ASSESSMENT PROCESS
continued

The motor assessment itself consists of two components:

- The functional assessment of mobility/movement, self-care, and communication

- The neuromotor/developmental assessment

The expected outcomes of the assessment process are:

- Determination of the student's current level of motor functioning which includes identification of the functions demanded of the child in particular environments and the capabilities of the individual child to meet those demands

- Identification of the student's needs based on the assessment and the establishment of a baseline for function

The Functional Assessment is an inventory of the student's independent abilities in mobility, self care as well as access to communication at school, ho and the community.

The Neuromotor/Developmental Assessment establishes the foundation components and skills required for and/or interfering with adequate movement and function. The neuromotor/developmental assessment provides the transdisciplinary team with insight into the student's capabilities. It also helps the team to determine:

- the foundations and causes for the functional deficits
- whether or not the student can benefit educationally from interventions
- whether adapted equipment and/or adaptation of the environment will assist the student

Ideally, the two parts of the assessment process are combined into one assessment with pertinent information obtained from other individuals such as the teacher, parent/guardian, and employer if appropriate. The assessment team needs to anticipate future environments that the student may encounter.

THE ASSESSMENT PROCESS
continued

It is recommended that students be assessed for discrepancies between their ability and functioning level, with consideration given to the environmental demands placed on them at their home, at their school, and within their community (Which includes the utilization of services available in the community, recreation and employment).

The choice of assessment methods is made by the adapted physical educator, occupational therapist, and/or physical therapist based on the reason for the referral as well as on the nature of the presenting problems. The assessment process involves obtaining and interpreting data. These data may be gathered through record reviews, specific observations, interviews, use of standardized tests, performance checklists, and other data collection procedures.

In most instances a student with motor development problems cannot be put into specific test categories because of many variables. Most standardized tests do not allow for deviation in test administration or scoring, as may be needed for a student with multiple needs. Often inventories, checklists, and non-standardized tests are more appropriate to obtain an accurate picture of the student's performance level or physical functioning status.

If standardized tests are used on a different population than that for which they were designed and standardized, this should be noted. The emphasis should be placed on the response to the elicited behavior, not the earned score.

If the adapted physical educator, occupational therapist and/or physical therapist does not have adequate training to do the assessment(s) necessary, and indicates this to the team leader, then his/her professional judgment should be respected. An appropriate professional should perform the assessment. Models of a functional assessment and a neuromotor assessment have been provided to assist the therapist in evaluating the student. The adapted physical educator, occupational therapist, and/or physical therapist may use these models to develop his/her own, or use other commercially available models of functional and adapted behavior.

THE ASSESSMENT PROCESS
continued

Assessment of the individual student in the physical functioning area should be done by the appropriate professional(s). The professional is urged to use his/her best judgment in assisting the school administrator to determine which is the most appropriate discipline(s) to make the assessment and to call in other disciplines as necessary to gather pertinent information.

It is each professional's responsibility to maintain current certification and/or licensure, remain updated on current techniques and philosophy, and to reflect accurately his/her professional training.

The motor assessment should be accomplished by the professional with proper care taken to consider the contraindications, if any are present. If the assessor is unfamiliar with the diagnosis, then further clarification should be made to give the assessor a clear idea of how to proceed.

The process of assessment for physical movement and functional concerns encompasses many aspects of the student. The student's basic abilities, the student's needs in terms of functional ability, and how the student's functional abilities may be enhanced or made more useful contributes to the final outcome of the motor assessment process.

Prevention of further disability or deformity may also be addressed, if they interfere with the student's ability to function.

All assessment information should be related to the student's ability to function at school, home and in the community.

THE FUNCTIONAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT:

The functional assessment/inventory may be a useful tool to the assessor to provide a comparison of the student's ability to function across different environments. Examples of functional inventories are included in the appendix of this document.

- Mobility/Movement/Transitions
- Self Management/Activities of Daily Living
- Functional Communication
- Social Interaction
- Pre-Vocational

The criteria used to clarify the skills/tasks are that they be accomplished in the following manner:

- In an age/ability and appropriate manner
- Safely
- Independently (if possible), or, give the amount of adult assistance/support and the accommodations the special education student needs
- In a time effective/efficient manner
- Spontaneously across a variety of environments

THE NEUROMOTOR/DEVELOPMENTAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT:

The following components of the development of functional movement patterns and their implications should be considered during the assessment process:

- Muscle Tone
- Strength and Endurance
- Individual Muscle Strength
- Joint Range of Motion
- Joint Stability
- Posture
- Reflexes
- Automatic Balance Reactions and Responses
- Sensory Integration
- General Gross Motor Sequence
- Detailed Gait Analysis
- General Fine Motor Skills
- Visual Motor
- Oral Motor
- Sensation
- Activities of Daily Living
- Motoric Aspects of Pre-Vocational Skills
- Recreational and Leisure Activities

(Brief definitions of each component, educational implications, skills necessary to assess the area of function, and who is qualified to provide the assessment are included in this document.)

THE ASSESSMENT PROCESS
continued

If discrepancies exist in environmental expectations, motor ability and function, then the adapted physical educator, occupational therapist, and/or physical therapist may be required to further participate in the IEP process and in the development of the IEP.

Some IEP teams use the criteria of a severity rating scale following the functional and neuromotor/developmental assessments. The determination of the mild, moderate, and severe ratings used in conjunction with the results from the functional and neuromotor/developmental assessments may give the IEP team a better "picture" of the student to work from in determining the type, amount, and duration of the services to be provided.

Any severity rating scale can be used in the assessment process but should never be used independent of the functional assessment and the professional's judgment.

DEVELOPMENT OF THE IEP

The IEP process involves determining the student's present level of performance, his/her needs, whether or not the child is educationally disabled, and the Special Education and Related Services necessary to meet his/her needs. If determined to be educationally disabled, the child is entitled to a free, appropriate public education. This determination can be made only by an approved IEP committee within the public school system. The Individualized Education Program (IEP) is the product of the IEP process.

Adapted physical educators, occupational therapists and/or physical therapists must be able to communicate and interact effectively as members of the assessment/IEP team. They must be familiar with and understand this process as established by both federal and state laws and regulations. The following guidelines are recommended to facilitate the IEP process:

TEAM COMPOSITION:

- The adapted physical educator, occupational therapist, and/or physical therapist should be present at the IEP meeting if he/she has a significant, **direct** role in the assessment process, or has had past involvement with the student, or anticipates being involved in the provision of services even if only on a consultative basis. The IEP meeting should be scheduled to include the adapted physical educator, occupational therapist, and/or physical therapist.

- The adapted physical educator, occupational therapist, and/or physical therapist may not be required to attend the IEP meeting if he/she plays an **indirect role** in the assessment process. However, all information must be presented by another team member in an understandable manner to facilitate team decision-making.

DEVELOPMENT OF THE IEP
continued

PRESENT LEVEL OF FUNCTIONING:

- How a student functions psychologically, physically, social-emotionally, and communicatively in the different educational and work environments of which he/she is a part must be determined. The student's ability to function adequately and appropriately in the school, community, home, work and recreational areas must be explained. Discrepancies between the ability level and the functional level across the different environments should be noted.

It is at this point that the adapted physical educator, occupational therapist, and/or physical therapist must present their findings along with the findings of all other team members, including the parents, relative to how the student functions.

- All team members can and should contribute information in all areas of performance. The emphasis is not on scores but rather on clear, precise summative statements that can be understood by all members of the team, including the parent(s).

- The adapted physical educator, occupational therapist, and/or physical therapist should present his/her data in a clear and precise manner without the use of acronyms. Technical terminology should be used judiciously so that participants can understand what is being said. The adapted physical educator, occupational therapist, and/or physical therapist should integrate his/her data with the other members of the multi/transdisciplinary team doing the assessment. Statements regarding the student's performance should be stated in such a manner that the student's strengths and areas of concern are included.

DEVELOPMENT OF THE IEP
continued

NEEDS:

- The purpose of this section of the IEP meeting is to identify and prioritize what needs the student has in all areas of functioning.
- Some needs identified are internal to the student. (What the student needs to accomplish.) These are addressed in the goal section of the IEP.
- Other needs are external to the student. (What the environment or staff needs to do for the student.) These are addressed in the Special Education and Related Services section of the IEP. As a member of the team, the adapted physical educator, occupational therapist and/or physical therapist will assist the team in identifying the student's needs by providing information about functional discrepancies between the different areas and the different environments.
- Adequate and appropriate functioning is the end goal.

•The following questions may assist the team in prioritizing the student's needs:

- Would the intervention be expected to contribute to the achievement of the Special Education student's overall educational goals or maintenance in the least restrictive environment?
- Has the student previously received therapy in an educational environment and/or other environments? What is the current status of the student's motor needs?
- Is the student a Special Education student? Are the needs resulting from a degenerating condition or recent surgery (related to the educational disability) which currently requires some degree of ongoing (direct, monitoring, consultation) intervention to maintain appropriate functioning?
- Is the Special Education student likely to regress without the intervention?

DEVELOPMENT OF THE IEP
continued

Needs continued:

- When prioritizing and clustering the needs to determine which goals should be written for the IEP, the IEP team should consider the following:
    - Is the student motivated to achieve the goals at this time?
    - Have a variety of approaches, motivators been tried ?
    - Does the student's behavior, cooperation and/or motivation consistently prevent motor intervention from being beneficial? Should the motor intervention be discontinued until the behavior problem is alleviated?
    - Is there another staff member with whom the therapist could consult in order to provide appropriate services?

DETERMINATION OF THE EDUCATIONAL DISABILITY:

- The IEP team is responsible for determining the primary educational disability that interferes with the student's ability to function. It is possible that the student may have needs which may require intervention which are not significant enough to qualify the student as having an educational disability as defined in the Federal and/or State guidelines.
- It is the IEP team's responsibility to make this determination based on the assessment data available to the team. Assessment data should be of sufficient scope and intensity to allow the IEP team sufficient data to make this determination.
- If the IEP team was unable to identify an educational disability, the IEP team should begin discussion to consider if the student is eligible for modifications or adaptations under P.L. 504. The continuation of this meeting may need to be postponed until all appropriate school staff are available.

ANNUAL MEASURABLE GOALS:

- The goals of the student must reflect those needs of the student that were identified at the IEP meeting and/or review .

- However, if the IEP team identified all of the student's needs irrespective of whose obligation it was to meet those needs, then the IEP team needs to select out only those needs for which the school system is responsible.

- It may be impractical or impossible for the school district to attempt to meet all of the student's identified needs at the same time. The goals written onto the IEP identify those needs which the IEP team prioritized for the student. It is likely that a number of needs may be clustered into one goal.

EDUCATIONAL STANDARDS:

- Many school districts are implementing the Colorado Standards at this time.

- Some Special Education Students may require modification or accommodation to accomplish the standards.

- The IEP team will determine which of the standards will need to be modified and this will be reflected through the goals on the student's IEP. It is likely that not all of the standards will need modification or accommodation.

- Only those standards which the student requires modification or adaptation will be changed.

SHORT TERM OBJECTIVES:

- The short term objectives are written at the time of the Initial IEP meeting, annual review, or triennial review, or within 20 school days following the IEP meeting.

SPECIAL EDUCATION AND RELATED SERVICES:

- Following the development of annual measurable goals and objectives, the IEP team identifies the Special Education and Related Services that are required to meet the identified goals.

- Special Education and Related Services are based on the needs of the special education student and designed to meet those needs.

- There are two types of student needs.
  - Those that are identified as internal to the student. These are addressed in the development of the annual measurable goals.

  - The second type of need is that which is external to the student and relates to the services that are required by the student to participate in the educational environment and receive reasonable benefit from his/her education. These are addressed in the Special Education and Related Services section of the IEP as services to be provided to the student by the school district.

- A delay in motor skills is not in itself enough to warrant direct motor intervention from a motor service provider. The motor dysfunction must be interfering with the student's ability to receive reasonable benefit from his/her education and/or interfering with his/her ability to receive an appropriate education.

- The integration of motor skills may fall into other areas of the curriculum. The motor intervention provided by those areas of the curriculum or other staff may be sufficient to meet the student's needs.

SPECIAL EDUCATION AND RELATED SERVICES continued:

It is probable that in some instances the IEP team will decide that the district has no obligation to provide adapted physical education, occupational and/or physical therapy to the student. In such cases, the parent/guardian may wish to pursue privately provided services for the student at no cost to the school district. This is especially true when:

- The student has adequate/appropriate* functioning across the different environments but the parent/guardian would like a further refinement of skills

- The student's needs are not significantly impacting the student's education but the parent/guardian would like the student to benefit maximally from the educational process

- The parent wishes for his/her child to benefit maximally from recent surgery or other medical procedures.

*An **appropriate program** is one which is reasonably calculated to enable the student to progress/advance from grade to grade and/or level to level as defined on the student's IEP. It provides the student with the opportunity and an environment which can permit the student to benefit and progress. The IEP team has the responsibility to decide what is progress for each student.

APPROPRIATE MOTOR FUNCTIONING:

• Appropriate motor functioning is indicates that the student is functioning within the context of the four following characteristics within the limits of the student's ability secondary to the disability:

- Safe-- the task is being accomplished by the student in a safe manner.
- Time effective/efficient-- the task is being accomplished in a manner that is both time effective and time efficient for the student with consideration given to the student's specific disability.
- Independent-- the task is being done independently by the student. If this is not possible, it is being done in the most independent manner available to the student. For many students this may mean with assistance from an adult.
- Spontaneous-- the task is being done as spontaneously as possible for the individual student.

DETERMINATION OF WHICH MOTOR SERVICE PROVIDER DELIVERS THE RELATED SERVICE: (also see Delineation of Professional Roles)

Only after consultation with the motor specialist(s) who assessed the student for the IEP meeting:

- The IEP team may determine that the student needs specific, specialized interventions which can be delivered only by a specific profession because of as a need for specialized training. In such case, that specific profession should be listed as the service provider the student requires.

- The IEP team may determine that student's needs could be met by any of the specific motor professionals (OT, PT, or Adapted Physical Education). In such case, the term Motor Specialist may be written as the service provider.

- The IEP team may determine that the student's needs may be met by an individual other than a motor specialist with training and/or or consultation from the motor professional.

DELINEATION OF PROFESSIONAL ROLES:

Within the constraints of such variables as negotiated agreements, travel and resource allocations, there is some variability in the assignment of an adapted physical educator, occupational therapist, and/or physical therapist to provide identified interventions for students. Factors contributing to this variability include differences in university programs, differing areas of individual interest, past work experiences, continuing education, and advanced course work.

The administrator needs to be familiar with the basic university instruction of each profession and his/her individual specialization and expertise. The limits of overlapping skills that these professionals have should be identified and considered. The IEP team identifies the Special Education and Related Services necessary to meet the needs of the student. The administrator must consider the professional skills required to deliver the services.

The administrator may wish to consult with all of the motor specialists available within the school district for additional information. It is not uncommon for a child, with moderate to severe needs, to be receiving more than one of the motor services. Additionally, the student may be receiving instruction or services within the school or the community which are meeting their needs. Also, it is possible that there may be other people qualified to provide the services once a program of intervention for the student has been established.

The questions listed in the following sections may assist the administrator in determining which professional may best be suited to meet the student's educational needs. An answer of "yes" to only one or a few of the questions is not necessarily an indication that these related services are to be provided by the specific discipline.

The administrator should also consider the professional judgment of the adapted physical educator, occupational therapist, and/or physical therapist who participated in the IEP meeting.

DEVELOPMENT OF THE IEP- DELINEATION OF PROFESSIONAL ROLES

DELINEATION OF PROFESSIONAL ROLES continued:

•Indicators of a Need for the Services of an Adapted Physical Educator?

- Does the student have a medical diagnosis indicating a need for adapted physical education?
- Is the student safe in regular physical education?
- Can the student learn and practice physical skills in a regular class size?
- What is the purpose of the student's participation in regular physical education: motor skill development, social skill development, physical fitness and endurance, or other purposes?
- Does the student fail more often than succeed in motor activities within any environment?
- Is the student developing lifetime recreational/leisure activities that can be used across all environments?
- Is the student developing skills and competencies in personal lifetime health and fitness?

In some instances, the adapted physical educator may serve as the support professional for the regular physical educator to facilitate retaining a student with an educational disability in regular physical education and assist the regular physical educator in remediating problems that interfere with inclusion. There may be some instances when the adapted physical educator may also serve as a consultant to peer tutors.

DEVELOPMENT OF THE IEP-
DELINEATION OF PROFESSIONAL ROLES

DELINEATION OF PROFESSIONAL ROLES continued:

•Indicators of a Need for the Services of an Occupational Therapist:

- Has the student previously or is the student currently receiving occupational therapy?
- Is there a current recommendation/referral for occupational therapy from a concerned party?
- Does the student have a medical diagnosis which may indicate an educational need for occupational therapy?
- Does the student have fine motor, sensory motor, or visual motor concerns in the educational environment?
- Does the student have a decreased rate of production of desk work when compared to his/her peers?
- Does the student have difficulty, when compared to his/her peers, accomplishing normal daily tasks such as dressing and personal hygiene?
- Can the student find his/her way to a variety of locations at school?
- Does the student have difficulty positioning his paper, placement of letters, numerals, etc. on the page?
- Does the student have difficulty with problem solving?
- Does the student have difficulty with organizational skills?

DEVELOPMENT OF THE IEP- DELINEATION OF PROFESSIONAL ROLES

DELINEATION OF PROFESSIONAL ROLES continued:

•Indicators of a Need for the Services of a Physical Therapist:

- Has the student previously or is the student currently receiving physical therapy?
- Is there a current recommendation/referral for physical therapy from a concerned party?
- Does the student have a medical diagnosis (includes but not limited to: cerebral palsy, spina bifida, muscular dystrophy, juvenile rheumatoid arthritis, traumatic brain injury) which may indicate an educational need for physical therapy?
- Does the student have difficulty with fundamental gross motor skills and/or endurance?
- Does the student have difficulty moving through his/her environment(s)?
- Does the student use crutches or a wheelchair as his/her primary mode of mobility?
- Does the student need adaptive/assistive equipment to function?
- Is the student experiencing difficulty moving through the environment secondary to a medical diagnosis?
- Does the student have postural concerns (scoliosis, etc)?
- Has the student recently had surgery or casting secondary to his medical diagnosis and is having difficulty returning to their prior level of functioning which is effecting their ability to function at school, their attendance or their ability to return to school?

LEAST RESTRICTIVE ENVIRONMENT

- Following the identification of the Special Education and Related Services,the special education student's placement in the least restrictive environment needs to be determined. The IEP team makes the recommendation as to the appropriateness of the educational environment based on the Special Education and Related Services necessary to meet the special education student's needs. Different placements are conducive to meeting different Special Education and Related Services. Each placement should be considered, weighing what needs the Special Education and Related Services are able to meet.

- In accordance with the recommendation of the IEP team and with consideration given to parental wishes, the Special Education Administrator or designee will determine the placement best suited to meet the special education student's needs as determined by the IEP team.

- Alternative placement considerations which have been discussed must be noted. The amount of time the special education student spends in regular education and the date of the initiation of service should also be noted, with consideration given for time required to obtain any confidential information or previous records. The IEP team has 20 school days to complete the short term instructional objectives based on the goals written at the IEP meeting.

- Should the parents disagree with the placement decision, or should the district disagree with the parents' decision, avenues for appeal are available to both parties. Each school district has in place due process procedures to facilitate this appeal.

- A minority report or dissenting opinion may be made by any team member who disagrees with the opinion of the team.

- Parents and students should be informed of their due process rights at every educational meeting or conference.

IEP MEETINGS: ANNUAL AND TRIENNIEL REVIEWS

The decision as to whether the needs of the special education student have changed and whether services should be continued or discontinued will depend upon the judgment of the IEP team members as to whether the special education student has:

- benefited and continues to benefit from the services
- made educational progress and/or progress on the IEP

Also to be considered:

- whether there will be a change in function without the special education or related service
- whether the student continues to meet the criteria for an educational disability

If a change of placement or change in the educational disability is being considered for a student an assessment must be conducted. This information must be documented within the IEP report. An IEP meeting must be held in order to change the placement, change or eliminate the educational disability.

DELIVERY SYSTEMS FOR SERVICE PROVISION

In general, there are two broad ways in which to provide services, direct and indirect. Direct services means 1:1 or small group interaction with a student by the therapist or the teacher. Indirect services means providing services through another person - professional, paraprofessional, or lay person. Either system can involve a variety of methods.

These systems of service delivery are not mutually exclusive, each will carry over to the other, both leading to improved function in the classroom. Some of the more commonly used methods of delivering services are:

Indirect Service (Consultation):
Collaboration can occur in the community, in integrated environments with an individual or in educational settings. Collaboration is effective within any team structure: multidisciplinary, transdisciplinary and/or interdisciplinary.

- Level 1-Collaborative: Individual case: Collaboration with professionals, parents or others involved with providing educational services to an individual special education student regarding the individual special education student's needs. Such special education student remains on the therapist's caseload.
- Level 2: Colleague: Collaboration with another colleague about a special education student who is assigned to that motor service provider.
- Monitoring: A system designed to track the special education student's level of functioning . Monitoring may be done by talking to the special education student, the special education student's parents and/or teachers. Monitoring may also include and/or be accomplished by a home program, seeing the student individually, in a small group, in the classroom, in the work place, or in the community. It also refers to the act of evaluating student data collected by other members of the student's educational team.

Direct Service (Itinerant, Resource and Self-contained):
Direct, 1:1 or small group interaction with a student by the therapist or the teacher may occur on a one to one basis, in a small group, in the classroom, in the home, school, or community. It may also occur in any type of team structure: multidisciplinary, transdisciplinary, and/or interdisciplinary.

DOCUMENTATION

Documentation is a necessary component of special education and related services. The adapted physical educator, occupational therapist, and/or the physical therapist should comply with the confidentiality standards and the ethics determined by his/her administrative unit and individual professional organization. Since there is an abundance of documentation associated with the provision of special education services, the administrator should allow the motor service provider sufficient time to carry out the required documentation. Generally, the following types of documentation are expected:

- Written summary of screening and assessments
- Individually written assessment report and/or assessment report written into the IEP report
- Attendance records of therapy times as well as documentation of parent contacts/conferences and the topic of conversation at each conference
- IEP--goals and objectives/intervention plan
- An annual statement of progress (generally at the annual review)
- If a change of placement or change in the educational disability is being considered for a student an assessment must be conducted. This information must be written into the IEP report. An IEP meeting must be held in order to change the placement or the disability.
- If motor needs have been met, documentation must be provided prior to discontinuing motor services.
- It is recommended, but not mandated, that the therapist keep a record of changes (positive or negative) on each student, including problems and/or concerns that arise.

CASELOAD DETERMINATION

Caseloads may be determined by:

- Student-therapist/teacher ratio
- Contact hour formula
- School district criteria

Considerations for caseload determination may include the following:

- consistent space available in the school
- IEP meeting time
- assessment time and report writing
- services to be provided-direct and indirect, including contact time with the teacher or other professionals including "outside" therapists or teachers, para-professional and the parent
- determination of equipment needs
- time to modify and/or adapt the environment
- time to produce or procure, modify and/or adapt equipment
- time to teach equipment us to student and pertinent others
- travel time/ number of schools
- severity of students served
- contact hours for non-disabled students and students you're required to see under P.L. 504
- other

FUNCTIONAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT

Ideally, this is not a separate component of the assessment but inclusive with the other components of the development of movement. The functional inventory may be a useful tool to the assessor to provide a comparison of the student's ability to function across different environments. Examples of functional inventories are available commercially. Many Therapists/Districts have developed their own inventories.

The functional assessment is intended to give an overview of the student's ability to function across different environments (school, home and the community or job site)

- Mobility/Movement/Transitions
- Self Management
- Activities of Daily Living
- Functional Communication
- Social Interaction
- Pre-Vocational skills

The criteria used to clarify the skills/tasks are that they be accomplished in the following manner:

- In an age/ability and appropriate manner
- Safely
- Independently (if possible), or, give the amount of adult assistance/ support and the accommodations the special education student needs
- In a time effective/efficient manner
- Spontaneously across a variety of environments

Consideration should be given to the student's disability when determining the appropriateness of the activity.

FUNCTIONAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

Ideally, the assessor for the functional assessment would be the same individual(s) who performed the neuromotor/developmental assessment. Care should be taken by the assessor(s) not to generalize the student's performance across the different environments. In many cases the student may not generalize his functional skills from one environment to another.

In order for the assessor to easily gain knowledge of how the student functions within his/her present environments the assessor may logically seek information from others, provided that others use the same methods/basis for determining the student's functional level, e.g., Never=0; Sometimes=1-2/5; Frequently=3-4/5; Always=5/5.

Other logical participants may include:

- parent/guardian
- teachers
- paraprofessionals working in the program or individually with the student
- physical therapists
- occupational therapists
- adapted/regular physical educators
- employer

The following may be used as guidelines to provide the assessor and/or other participants making the assessment with some clarification.

FUNCTIONAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT

MOBILITY/MOVEMENT:

• DEFINITION: Methods used to move through the environment. The primary pattern should be age appropriate, provide safety, comfort, security, with good positioning and should be energy and time efficient. It may include: rolling, crawling, walking, using a wheelchair (manual or electric), using a trike, or use of assistive/or adapted equipment (walkers or braces) which enhance mobility.

• IMPLICATIONS: Problems with mobility interfere with the student's ability to move through the environment in a safe, energy efficient and time expedient manner. It may also interfere with the student's spatial awareness and body awareness since these are developed through mobility.

• SKILLS NECESSARY TO ASSESS THIS AREA:

- The ability to observe mobility/movement
- The ability to correlate/integrate the results found during the neuromotor/developmental assessment with the results of the functional assessment
- The ability to document on a checklist or other tool
- The ability to document descriptive terms which help define the area of concern e.g. the child is weak, the movement is difficult, the child struggled to complete the task
- The ability to assess and integrate the current and anticipated environmental demands

FUNCTIONAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT

SELF MANAGEMENT/ACTIVITIES OF DAILY LIVING:

The student's use of movement, positioning, muscle tone, balance, gross and fine motor skills to produce functional skills such as independent eating, mobility, transfers to and from wheelchairs, independent dressing, and/or personal hygiene. Independent living may also be explored and taught.

• IMPLICATIONS: Problems with activities of daily living affect the student's feelings of self worth and confidence. The achieved level of independent daily living activities relates to the level of independent, adult functioning the student will achieve.

• SKILLS NECESSARY TO ASSESS THIS AREA:

- The ability to observe self, management/activities of daily living
- The ability to correlate the results found during the neuromotor/developmental assessment with the results of the functional assessment
- The ability to document on a checklist or other tool
- The ability to document descriptive terms which help define the area of concern (e.g. the child is weak; the movement is difficult; the child struggled to complete the task)
- The ability to assess and integrate the current and anticipated environmental demands

FUNCTIONAL COMPONENT OF THE MOTOR NEEDS ASSESSMENT

FUNCTIONAL COMMUNICATION/SOCIAL INTERACTION:

Ability of the child to functionally understand and use language: may include verbal, alternative, ∑and augmentative communication systems. These may be affected by: positioning, movement experience, pointing, range of motion, head and/or eye control.

• IMPLICATIONS: Problems in functional communication may interfere with the student's ability to make even their most basic of needs known to others. Other problems may include the provision of and placement of augmentative communication devices and/or switches.

• SKILLS NECESSARY TO ASSESS THIS AREA:

- The ability to observe self, management/activities of daily living
- The ability to correlate the results found during the neuromotor/developmental assessment with the results of the functional assessment
- The ability to document on a checklist or other tool
- The ability to document descriptive terms which help define the area of concern e.g. the child is weak; the movement is difficult; the child struggled to complete the task
- The ability to assess and integrate the current and anticipated environmental demands

MUSCLE TONE:

The readiness state of the muscle to respond in order to provide movement or stability. It may be high, low, normal or fluctuating. It allows the body the ability to move, and assume or change positions against gravity.

• IMPLICATIONS: Problems with muscle tone (abnormal muscle tone) may be seen in the child's inability to gain stability, inability to control movements, or move freely. Abnormal muscle tone contributes to:

- discomfort and difficulty in concentration, and
- formation of deformities necessitating surgery and contributing to discomfort and poor posture, functional control of arms, head, trunk, legs, etc.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- Training in the ability to differentiate between low, normal, high and fluctuating muscle tone;
- Understanding of how this impacts on movement and posture and attention span or physical fatigue;
- Current experience and knowledge of normal and abnormal muscle tone; and
- Understanding of how muscle tone effects the student across the different environments.

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

OCCUPATIONAL THERAPISTS
PHYSICAL THERAPISTS

STRENGTH AND ENDURANCE:

Provide the student with the ability to safely and efficiently perform a task or move without tiring.

• IMPLICATIONS: Problems with strength and endurance interfere with the student's ability to perform at the same level as his/her peers in the gross or fine motor areas. Handwriting may be slow and inefficient; walking may not allow the student to move the distances required in the school or may be too slow to be time and energy expedient. Fatigue may be a factor interfering in the student's performance and attendance at school.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- Knowledge of normal levels of strength and endurance
- The ability to differentiate between normal and below normal functioning
- An understanding of the effect of decreased endurance and strength on movement, posture and function; and the interrelationship between movement, posture and function
- An understanding of the strength and endurance required to perform specific activities, especially those associated with functional level in the educational setting
- An understanding of how strength and endurance may effect the student in the different environments

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

ADAPTED PHYSICAL EDUCATORS
OCCUPATIONAL THERAPISTS
PHYSICAL THERAPISTS

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

JOINT RANGE OF MOTION:

The amount of normal movement in a joint.

• IMPLICATIONS: Problems with joint range of motion contribute to decreased function (the inability to reach for objects or to sit in a chair with comfort and stability.) Atypical joint range of motion may also contribute to deformities.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- Knowledge of normal joint range of motion--the ability to identify hypermobility and hypomobility
- Knowledge of impact of abnormal ranges of motion of movement, positioning, posture and function and the development of deformities
- Knowledge of normal range of flexibility
- Ability to measure the joint range of motion of individual joints
- How the lack of normal range of motion affects the student across the different environments

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

PHYSICAL THERAPISTS (measure individual joints and provide implications for deformity)
OCCUPATIONAL THERAPISTS (measure individual joints and provide implications for deformity)
ADAPTED PHYSICAL EDUCATORS (assess functional range of motion in terms of flexibility and function but do not measure individual joints or provide implications for deformity)

JOINT STABILITY:

The ability to maintain a stable foundation from which to function: the ability to superimpose mobility on stability and/or stability on mobility.

- IMPLICATIONS: Problems with joint stability are not limited to but may be reflected in poor balance, poor head control, poor pencil control.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

  - Ability to analyze movement and recognize joint instability
  - Ability to recognize the impact of joint instability on function
  - Ability to recognize the impact of joint instability on deformities relative to different diagnosis
  - Impact of joint instability on a student across different environments

- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:
  PHYSICAL THERAPISTS
  OCCUPATIONAL THERAPISTS

POSTURE:

The upright positioning of the body on the skeletal frame-- i.e. the absence of scoliosis, kyphosis or lordosis. Good posture contributes to better functional use of head, trunk, and arms in the classroom, community, work and recreational environments.

- IMPLICATIONS: Posture problems may contribute to health problems (decreased cardiovascular function, pulmonary function, and/or digestive function). The limitations imposed by postural problems may limit the participation of the student in recreational, academic or vocational activities.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:
  - A knowledge of the components of normal posture
  - A knowledge of the components of abnormal posture (e.g. scoliosis, kyphosis, lordosis, leg length discrepancies)
  - A knowledge and understanding of the impact of deformities with relation to different diagnosis and etiologies.

- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:
  PHYSICAL THERAPISTS
  ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)
  NURSES (dependent upon their training and experience)
  PHYSICAL EDUCATORS (qualified as related to physical education and sports)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

REFLEXES:

A movement response to a stimulus that is nearly always the same and not under the student's voluntary control.

• IMPLICATIONS: Problems with reflex activity may be complex because they are involuntary and dependent upon the strength of the stimulus and the position of the student's head and body. Abnormal reflex activity may effect the student's ability to control his head, the student's ability to grasp, the student's safety and positioning. The student's ability to attend to the classroom or other activity may also be interrupted.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- The ability to assess apedal, quadrupedal, bipedal reflexes as postulated by standard texts
- A knowledge of the normal reflex development
- A knowledge of the normal developmental sequence
- A knowledge and understanding of the impact of abnormal reflex development on the acquisition of deformities, postural and positioning concerns, and on movement and function

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

PHYSICAL THERAPISTS
OCCUPATIONAL THERAPISTS
ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

AUTOMATIC BALANCE REACTIONS AND RESPONSES:

Provide the child with the ability to maintain and/or regain an upright body position.

• IMPLICATIONS: Problems with the automatic balance reactions and responses may interfere with the student's ability to safely sit or move in the environment without adaptation.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- A knowledge of normal equilibrium, righting and protective reflex development
- A knowledge of the normal developmental sequence
- The knowledge and understanding of the impact of the abnormal reflex development patterns
- The knowledge and understanding of the impact of lack of automatic reactions on function
- A knowledge of joint stability
- A knowledge of weight shift

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

PHYSICAL THERAPISTS
OCCUPATIONAL THERAPISTS
ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

SENSORY INTEGRATION (SI):

The organization of sensory information into a functional output. It is necessary for adapted responses, learning a new task, internal organization, spatial and/or body awareness, or a coordinated movement.

- IMPLICATIONS: Problems with sensory integration interfere with the student's ability to interpret and respond according to the sensory cues (visual, auditory, tactile, kinesthetic, and proprioceptive) being provided by the environment. This interferes with the student's ability to adapt and/or inhibit the unnecessary information coming into the central nervous system from the environment, which may interfere with the ability to learn and process new information. It may interfere with the student's ability to adapt to the environment in a reliable manner.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

  - A knowledge and understanding of normal sensory-motor developmental sequence
  - A knowledge and understanding of SI theory
  - A knowledge and understanding of how a lack of sensory integration impacts function across the different environments

- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

  OCCUPATIONAL THERAPISTS
  PHYSICAL THERAPISTS (dependent upon their training and experience)
  PC/EH TEACHERS (may provide intervention in the classroom)
  ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

GENERAL GROSS MOTOR SEQUENCE:

The process the student moves through to attain an upright position against gravity and the ability to walk. Includes the basic movement patterns and combinations of movements to be independent in gross motor skills.

• IMPLICATIONS: Problems in this area prohibit the child from developing a flexible repertoire of movement patterns and the attainment of complex motor skills.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- A knowledge of normal motor development
- A knowledge of normal movement patterns
- A knowledge and understanding of abnormal movement patterns
- A knowledge and understanding of impact of both the normal and the abnormal movement patterns on the student's ability to function within the different environments

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

PHYSICAL THERAPISTS
OCCUPATIONAL THERAPISTS
ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)
PHYSICAL EDUCATORS (dependent upon their training and experience)
EDUCATORS/SPECIAL EDUCATORS (dependent upon their training and experience)

DETAILED GAIT ANALYSIS:

A comprehensive analysis or the normal/abnormal parts of the student's ability to walk.

• IMPLICATIONS: Problems with walking interferes with the student's ability to move through the environment. Problems with walking may interfere with the student's ability to be safe in the environments and environmental conditions in which he/she functions as well as to maintain stable standing balance.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- A knowledge of normal motor development
- A knowledge of normal movement patterns required for walking
- A knowledge of abnormal movement patterns;
- A knowledge and understanding of impact of both the normal and the abnormal movement patterns on the child's ability to function within the different environments
- A knowledge of bracing, orthotics and other adaptive equipment which may be utilized to improve/facilitate the student's performance

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:
PHYSICAL THERAPISTS

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

GENERAL FINE MOTOR SKILLS:

A comprehensive term usually used to identify combinations of hand and finger movements but also includes the ability to pick up, put down, and position objects in the hand for use.

- IMPLICATIONS: Problems in this area affect manipulation of classroom objects, penmanship, reading, and activities of daily living, the use of tools appropriate to the situation (such as the elementary classroom, high school labs, and the workplace). The problem would be reflected in clumsiness and increased time to accomplish the task.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

  - A knowledge of normal developmental sequence
  - A knowledge of normal movement patterns and positioning
  - A knowledge and understanding of impact of impaired fine motor skills on the student's ability to function
  - A knowledge of joint stability
  - A knowledge of the development of grasp patterns

- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

  OCCUPATIONAL THERAPIST
  PHYSICAL THERAPIST (dependent upon their training and experience)
  ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)
  SPECIAL EDUCATION TEACHERS (dependent upon the severity of the child's problems, the training and experience of the professional)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

VISUAL MOTOR AND VISUAL PERCEPTION:

The development of smooth, coordinated eye movements from side to side, across midline vertically and diagonally. Includes convergence and divergence. The ability to perceive difference between objects that are reversed, inverted or transposed. Does not include acuity.

• IMPLICATIONS: Problems in this area are associated with: near and far distance copying, proper letter formation and spacing of written work, reading, and general eye hand coordination.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- The ability to identify normal movement patterns
- A knowledge and understanding of the sequential development of eye control
- An understanding of the impact of abnormal eye movement patterns on function
- A knowledge and understanding' of abnormal eye movement patterns

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

OCCUPATIONAL THERAPIST
VISION SPECIALISTS
PHYSICAL THERAPIST (dependent upon their training and experience)
ADAPTED PHYSICAL EDUCATORS (dependent upon their training and experience)
TEACHERS (dependent upon their training and experience)
NURSES (dependent upon their training and experience)
PSYCHOLOGISTS (dependent upon their training and experience)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

ORAL MOTOR:

A close inspection of the child's lip closure, tongue movement, swallowing abilities, and sound production.

• IMPLICATIONS: Problems in this area may interfere with the student's ability to swallow saliva, making the student socially unacceptable. It may also interfere with eating and with the student's speech.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- A knowledge of normal developmental sequence
- A knowledge of abnormal movement components
- A knowledge of abnormal reflexes/reflex patterns
- An understanding of normal oral motor function
- A knowledge and understanding of the impact of abnormal oral motor functioning on the student's ability to function across the different environments

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

SPEECH AND LANGUAGE SPECIALIST (dependent upon their training and experience)
OCCUPATIONAL THERAPIST (dependent upon their training and experience)
PHYSICAL THERAPIST (dependent upon their training and experience

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

SENSATION:

A detailed inspection of the child's tactile sensory levels to hot/cold, light touch, sharp/dull pain, etc.

- IMPLICATIONS: Problems with this area may interfere with the student's ability to recognize pain/injury, temperature changes, develop functional coordination and the ability to walk on uneven surfaces. One of the major concerns is the student's ability to keep himself safe in all situations.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

  - An understanding of the body's tactile system
  - The ability to assess for sensory loss in the tactile area: hot/cold, sharp/dull, kinesthesia
  - A knowledge and understanding of the impact of a lack of sensation on how the student will function across the different environments

- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:
  PHYSICAL THERAPISTS
  OCCUPATIONAL THERAPISTS (for upper extremity sensation)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

ACTIVITIES OF DAILY LIVING

A detailed inspection of the student's ability to perform age/ability and appropriate functional daily living skills such as eating, dressing, and personal hygiene, and completion of household tasks with or without adaptation.

• IMPLICATIONS: Problems in this area may limit the student's ability to live independently, be socially acceptable, and maintain employment.

• SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:

- Knowledge and understanding of normal development
- Knowledge and understanding of normal/abnormal motor patterns
- Knowledge and understanding of adapted techniques and equipment to facilitate performance of activities of daily living

• WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

OCCUPATIONAL THERAPISTS
PHYSICAL THERAPISTS (dependent upon their training and experience)
SPECIAL EDUCATION TEACHERS (dependent upon their training and experience)

NEUROMOTOR/DEVELOPMENTAL ASSESSMENT

MOTOR ASPECTS OF WORK RELATED SKILLS:

A detailed inspection of the student's work status includes: sitting, standing, endurance, reaching, fine motor and manipulative skills, visual motor control, etc. This information may be gathered from the previous sections of the assessment and included in the functional assessment. Data gathering should include visitation to work-place and/or job site to determine accessibility, environmental, and equipment adaptations, etc.

- IMPLICATIONS: Problems in this area may include inappropriate job site selection and inappropriate work expectations.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:
  - Knowledge of normal patterns of movement
  - Knowledge of stability
  - Knowledge of environmental factors which could prohibit or interfere with the student's ability to perform on the job site or perform the specific job task
  - Knowledge of accessibility
  - Knowledge and understanding of the impact of abnormal eye movement patterns on function
  - The ability to make an analysis of reach, grasp, release and manipulative patterns
  - A knowledge and understanding of the impact of the lack of automatic balance reactions on function
  - A knowledge and understanding of the components of posture and the impact of poor posture on the student
  - A knowledge of adapted techniques and equipment to facilitate/improve performance
  - A knowledge of appropriate communication skills as related to the social and functional aspect of the work place
- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:

  OCCUPATIONAL and PHYSICAL THERAPISTS,
  VOCATIONAL TEACHERS,
  SPECIAL EDUCATORS (dependent upon their training and experience)

RECREATION AND LEISURE SKILLS:

Problems in this area may limit the student's function in social and physical environments. It may also limit health and fitness benefits that may derive from physical activities.

- IMPLICATIONS: The productive use of leisure time to enhance quality of life through sport and recreational activities.

- SKILLS NECESSARY TO ASSESS THIS AREA OF FUNCTION:
  - Knowledge and understanding of leisure skill analysis
  - Develop knowledge and skills to enable students to make independent choices of appropriate recreational leisure activities
  - Knowledge of adapted equipment necessary to participate in recreational/leisure activities
  - Knowledge of community resources and leisure activities that benefit a wide variety of abilities

- WHO IS QUALIFIED TO PROVIDE THIS TYPE OF ASSESSMENT:
  ADAPTED PHYSICAL EDUCATORS

The Most Frequently Asked Questions About Occupational Therapy, Physical Therapy and Adapted Physical Education:

1. What is adapted physical education?

Adapted physical education is a diversified program of developmental or remedial activities designed to enhance the gross motor abilities of students who have substantial medical, orthopedic, and/or neurological conditions. Activities are generally adapted to meet the specific needs of the student and to allow them to participate as much as possible in the curriculum based on the student's IEP.

2. Do you need someone certified in adapted physical education to provide adapted physical education in Colorado?

No. The State of Colorado does not license the Adapted Physical Educator. Current requirements are an undergraduate degree in physical education and a strongly recommended 12 semester hrs in adapted physical education.

3. When do you involve the therapist in the referral/assessment process?

Therapists should work within their districts to establish clear referral guidelines. The number of filters through which a referral goes prior to reaching a motor services provider depends on the number of staff available to respond to the requests. Some districts involve motor services staff at the level of the Initial Child Study. Other districts wait until resource teachers have identified significant needs in motor skills before involving the motor specialist. All districts need to involve the motor specialist prior to the initial IEP meeting.

4. How do you refer a student for motor services?

Any child who is having difficulty in the motor area(s) may be referred through a child study conference. The parent, teacher or other person may make this contact through the student's teacher or other school personnel. Many of the referral policies differ from district to district.

5. What are the differences between occupational therapy and physical therapy?

The most consistent differences between occupational and physical therapists can be seen among the new graduates . As new graduates gain experience and further training or continuing education their focus may change and they may become more general or develop in a specific area of expertise. Also, job demands may also serve to change and/or blur the common lines that exist between these two professions.

Basically, when working with students in an educational environment, the physical therapist's areas of expertise lends itself to address issues involving the use of the head, neck, shoulder and body (trunk) muscles which are used for posture, the hip, and lower extremity muscles for walking. *The development of midline/trunk control, the development of basic gross motor skills, walking, and balance are stressed.* Assessments may include :

- *joint range of motion and stability*
- *specific muscle strength and function, both as individual muscles and as groups*
- *developmental testing including reflex testing and developmental levels*
- *posture*
- *the determination if safe and appropriate balance, equilibrium and righting responses are present*
- *functional levels and/or which functional skills are being impacted by problems with muscle function, strength, endurance, specific movement patterns, or balance...*
- *the need for adaptive / assistive equipment or modifications to the environment*

When working with students in an educational environment, an occupational therapists's area of expertise lends itself to address issues involving the use of the *head, neck, shoulder and body (trunk) muscles which are used for improving upper extremity and hand use. The development of midline/trunk control, the development of basic fine motor skills and hand use are stressed.* Assessments may include:

- *functional daily living skills (i.e. dressing, feeding, personal hygiene and home maintenance)*
- *the student's ability to participate in play*
- *the development of fine motor and visual-motor / visual perceptual skills*
- *the student's ability to use his/her fine motor control to manipulate and use classroom materials i.e., rulers, glue, pencils, scissors, math manipulatives, etc.*
- *the need for adaptive / assistive equipment or modifications to the environment*

As can be seen, both disciplines may be involved in the determination of developmental levels, the development of trunk control and midline stability. They may also be involved in the determination of appropriate modifications of the student's environment and/or adaptations to the environment to assist the student in gaining function. Also both may be involved in making recommendations for assistive, alternative, and/or adaptive equipment, then assisting the student in learning to use these devices.

Both disciplines may also be jointly or individually involved in early childhood assessments. These may vary depending on the severity of the student's needs.

Even though there is specific training at the university level for both of these professions, individuals often "strike out" into specific areas of interest and develop areas of expertise in these areas. When interviewing prospective therapists, these areas of expertise should be explored.

6. What is the difference between educational model therapy and medical model therapy?

Medical Model: (a.k.a. clinical model) Medically related services are generally performed to change the child's physical status. Treatment objectives are generally chosen along a predetermined developmental sequence or physical change sequence/rehabilitation sequence, regardless of the amount of time required to achieve the goal.

Educational Model: All services, including techniques chosen, are designed to meet the student's educational goals as determined at the IEP meeting by the IEP committee. At times adaptations or modifications and/or monitoring or consultation may be the only intervention (s) necessary. These interventions may improve the student's ability to function at school without changing the child's physical/developmental status. Improved function is of primary importance to allow the student to better perform in the classroom. The techniques and/or modifications chosen by the individual occupational and/or physical therapist may reflect this and are determined by that individual, not dictated by an outside agency. The therapist's professional judgment, training, and experience play a role in this determination.

An educational setting is, ideally, not a rehabilitation setting and should not serve to replace a rehabilitation setting unless rehabilitation has been determined to be a prioritized need on the student's IEP as determined by the IEP committee. (This may be true in some instances such as a student returning to school following spinal cord injury or traumatic brain injury, while he/she is still in a critical recovery period and/or when the student is a young child who is still making developmental gains).

If a child is fully included in a classroom, treatment interventions are chosen to fit socially into the classroom setting. In this model, many individuals (classroom teachers, aides, others) may provide "therapeutic input" to the student throughout the day and across the educational environment. This would be delivered under the direction and following instruction from the educationally-based physical and/or occupational therapist .

8. What qualifications do educationally based therapists have?

Both Physical and Occupational Therapists graduate from approved graduate and undergraduate programs. They then must qualify under the State of Colorado's licensure act for educators as special service providers. Physical Therapists must also qualify for a State of Colorado Physical Therapy license. Occupational Therapists must qualify for National Certification. Adapted Physical Educators must maintain their teaching license.

9. Can different districts have different criteria for motor services?

In the absence of clear Federal or State eligibility criteria, individual districts have developed their own specific criteria for eligibility. Colorado uses the Needs Model to determine a student's need for specific services, so long as a student is duly assessed and his/her needs are considered by the IEP committee. The district must indicate what services it is providing. In some instances consultation from a Physical Therapist or an Occupational Therapist or a Adapted Physical Educator may assist others in providing service to a student.

10. Can a motor specialist be the only service provider?

It has been determined in Colorado that an appropriate education is more than just academics. It includes the ability to make and sustain relationships, the ability to be responsible for ones own daily living needs, the ability to move around in the environment and the ability to understand and use language, etc. Districts may be required to demonstrate how such "stand alone" related services is special education.

11. What is the difference between special education and 504?

Special education is a program designed by an IEP committee. Students meet the state and federal guidelines to qualify for specific educational disabilities which are, as determined through assessment, interfering with that student's ability to receive reasonable benefit from a regular education program. There is federal funding attached to IDEA to support these students obtaining specialized services.

Public Law Section 504 of the Rehabilitation Act is a Civil Rights Act enacted in 1973 to ensure that all students are treated fairly and that no one is denied access to a free and appropriate education. No person with a disabling condition shall be excluded from federally funded programs or activities, solely by reason of his or her disability, including accessibility to programs available to all persons. It is the responsibility of regular education to provide services required by Section 504. Support may be given to the regular education staff from the special education staff.

Students who do not meet the criteria for an educational disability may meet the criteria for services under Section 504. There is no federal funding to districts attached to Section 504.

12. How can a child with attention deficit disorder qualify for special education services?

Students with attention deficit disorder qualify for services if they meet the criteria for SIED, PC or a Physical Disability and demonstrate ADD/ADHD behaviors which are interfering with their learning. If they don't qualify for an educational disability, then they could be considered for Section 504 services.

13. Does a medical diagnosis automatically qualify a student for special education services?

No. Students must qualify as having an educational disability the same as other students. However, the medical diagnosis may give the IEP committee more information or may assist the committee in determining the category that the student may likely fall into for an educational disability.

14. If a student recently had surgery, does he/she automatically qualify for special education services?

No. The student must qualify for special education by meeting the criteria set forth in the state rules. If the student does not qualify for an educational disability he/she may be considered for services under Section 504.

15. If an insurance company is refusing medically-based therapy does the school have to provide it?

No. But schools should be informed that many insurance companies are refusing medically-based therapy services to students who are receiving educationally-based physical and/or occupational therapies. The therapist may want to give the parent an idea of the differences between medical and educational therapies (see #6 above).

16. Who determines the services a child receives as a special needs student?

The IEP team that develops the IEP must also identify the services needed. Assigning the location where the student receives the services is the responsibility of the Director of Special Education although some districts may allow the IEP committees to do this within specific parameters.

17. Are private occupational and/or physical therapists allowed to practice their services in the school?

Individual school districts must follow their own policies. In practice, some school districts allow private service providers into their buildings as a favor to parents. This arrangement can vary from being arranged informally with the school and staff involved to a formal agreement addressing such concerns (but not limited to) such as:

- use of the equipment
- liability
- use of space
- safety
- whether educational recommendations by private service providers will be followed by the school staff
- the time of day the student can be removed from the classroom to be seen by private service providers

•the forum the private service provider should use if it is felt there should be changes in the student's educational programming
•a forum for the educators to address concerns, if they arise, that are presented to them from the private service provider due to differences in philosophy
•the manner in which private service provider are to conduct themselves.

18. Are private physical or occupational therapists allowed to "dictate" the therapy the student receives at school?

No. It is up to the IEP team to identify the student's educational needs, write and implement the educationally-based goals and objectives. It is, however, the parents' right to request that the school staff consider additional assessment information and to invite whomever they choose to the IEP meeting.

19. If a need is generated on the IEP, must it automatically be translated into a goal?

No. The needs should be prioritized and those student needs which are a priority addressed in the body of the IEP. Needs may often be grouped together is that one goal can address several of the student's needs.

20. How do you know who is going to provide a service listed on an IEP?

On the IEP, the name of a specific service provider is not typically written down on the list of service providers. This avoids having to reconvene the IEP committee if a service provider leaves, moves away, etc. Only the discipline(s) of the service providers is written onto the form. Parents should be told the names of the people who are expected to work with their student.

Parents and students have a right to know, specifically ,which disciplines are going to be addressing the student's prioritized needs.

21. If a school district is offering physical education to it's "regular" students, then what is its obligations to the special education student?

If a school district is providing physical education to it's regular education students it must provide an opportunity for it's special education students to participate in physical education or adapted physical education.

22. What if daily therapy has been requested by the parent, private provider or other individual and the therapist is in conflict with this recommendation?

The standard for school-based therapy interventions are the words "appropriate" and "reasonable benefit", not maximal benefit. The IEP team should decide the amount of therapy the student needs to gain reasonable benefit from his/her education. In addition, the IEP team may decide that it is appropriate for the therapist to train other staff to carry out the required intervention. Many times, student objectives are incorporated into their daily schedule to allow them to become more functional in the skill; in this manner the student is following through with his/her therapy on a daily basis.

23. What if the parent requests a 1:1 aide for his/her child?

The IEP committee determines the amount of time and the types of services a student needs. This may be met in a variety of methods in any school district.

24. When do motor specialists need to be involved in an IEP meeting?

The Colorado rules need to be followed.

A motor specialist should be involved in IEP meetings if his/her conducted an assessment and has information pertinent to the development of the IEP. Not all team members are required to physically attend the IEP meeting. Efforts should be made by professionals to attend these meetings, especially if their area of expertise is significant to the determination of the educational disability or if the student has experienced significant change since the last IEP meeting.

25. Is extended school year (ESY) provided in the motor areas?

It may be. This is a determination of the IEP committee. Every child with an IEP has the right to have ESY explored as part of their IEP meeting. Extended school year (ESY) is part of a student's right to an appropriate education. An appropriate education is the student's right to a program designed so that his/her may progress from step to step/level to level. Extended school year is required for students who have mastered a skill and then have lost that mastered skill following a break from school and have been unable to recoup that mastered skill in an appropriate amount of time as expected for that individual student. Documentation is required.

26. How do student's in private schools receive motor services or other special educational services?

The child has a right to some special education services but not necessarily to specific services. The parent/guardian may be asked to transport the child to his/her neighborhood school for special education services that have been identified following an IEP meeting.

27. Do therapists have to take the PLACE test?

Occupational and Physical Therapists do not have to take the PLACE test. However, Adapted Physical Educators still are required to take this test as part of their licensure.

28. If the parent requests an OT/PT evaluation is the district required to provide it?

Individual school districts handle parental requests for assessment in a variety of ways. It should be remembered that each district is responsible to seek out and find children with disabilities and ensure that they are receiving an appropriate education.

If the child study team feels that the request for an OT/PT assessment is appropriate because the student is having difficulty with motor control, that interferes with receiving an appropriate education, then the district should provide the assessment.

29. My child received therapy in another district, why doesn't he/she qualify in this one?

In the absence of clear and absolute eligibility criteria, individual districts have interpreted differently the criteria for eligibility. Colorado uses the Needs Model to determine a student's need for specific services, so long as a student is duly assessed and his needs are considered by the IEP committee. The district must indicate what services it is providing and how it is proposing to meet the student's needs. In some instances consultation from a PT or an OT or a DAPE may assist others in providing services to a student.

In accordance with the Colorado rules and/or district guidelines, if a student enters a district with an existing IEP, the district has an option to provide services immediately in accordance with the IEP or refer the student for a complete assessment and IEP meeting.

30. What if a school district doesn't have the specified motor provider listed on the IEP?

If the IEP committee determines that the student requires a specific service to meet the student's educational needs and ensure that the student receives an appropriate education, then the district must find a way to provide the service. This can be done through a number of ways:

- consultation to district personnel from a local clinic/private service provider
- find others, which the school district and the parents mutually agree upon, who have specific training in the area of need
- shared cost of provision of private services with an understanding of what the educational goals are and what the clinical goals are and the amount of time to be delivered to the student, etc.
- contracted services
- program considerations--the specific program may already offer similar components which would meet the student's needs
- negotiation with the parents